MAIL TO: Office of the Attorney General Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 Telephone: (916) 323-5079

WEB SITE ADDRESS: http://ag.ca.gov/charities/

## COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

## 2002 ANNUAL FINANCIAL REPORT (California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



Name and Address of Commercial Fund-raiser:	Name and Address of Charitable Organization:
Tele-Response (enter Sie	CTNO. 62171 F.E.I.N. No. 91-1298249
Name of Commercial Fund-raiser	Obligation obolevit Tationalia
2824 Cottman Ave	Named of Charity Clarke for 11133104 (a)
Address of Commercial Fund-rais er	Address of Charity
(Shila SA 19199	- ENERAL SVA. 98203.
City, State, and ZIP Code of Commercial Fund-raiser	City, State, and ZIP Code of Charity
Figures from (check one): National Campaign California Campaigr	· /
Telephone Solicitation hold (on) (from)	0/22 2002 to 10/11 ,20 02
(Type of Activity) For about 1882	(Date or dates must be shown)
Is the contract between the commercial fund-raiser and charity based upon a fe If other, provide brief explanation	ee or percentage of revenue? (check one) Fee 🛱 Percentage 🗆 Other 🗆
$\mathcal{O}$	
REVENUE     A. Cash contributions	17218.50 A.
B. Entertainment sales or admission charges	A. B.
C. Sales from products	
D. Advertisement sales	D.
E. Membership fees	E.
F. Other sources: (Specify)	
a	Fa.
b	Fb.
C	Fc.
d	Fd. 17218.50 G
G. TOTAL REVENUE	<u>/ / / / G</u> .
2. EXPENSES	
A. Fees or commissions	A.
B. Salaries	B.
C. Payroll taxes	C.
D. Employee benefits	D.
E. Cost of merchandise for resale	E.
F. Cost of entertainment	F.
G. Postage	G.
H. Advertising	H.
Telephone     J. Rental of equipment	J.
J. Rental of equipment  K. Facilities charge	
L. Permits	L.
M. Other expenses: (Specify)	
a. Bask 3/C	55.45 Ma.
b. Solicita trion fees	12860.10 Mb.
с.	Mc.
d	$\frac{\text{Mc.}}{\text{Md.}}$ $129/5.55$
N. TOTAL EXPENSES	/ <u>d</u> / / <u>d</u> . N.

CT-2cf 3/2003)

1 of 2

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2002 ANNUAL FINANCIAL REPORT (California Government Code Section 12599) Page 2			
3. Amount to Charity (subtract line 2N from line 1G		3.#4,302.95	
Less additional fund-raising expenses paid by charity (to be completed by charity)  4. —————  4. —————————————————————————			
<ol> <li>Less fair market value of goods and/or services used for the event which were paid by sponsor(s)</li> </ol>			
6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3)			
<ul> <li>(a) Does any officer, director, partner or owner of the Commercial Fund-raiser have any affiliation with or control over, directly or indirectly, the charitable organization for which the Commercial Fund-raiser has contracted to solicit?         <ul> <li>[ ] Yes</li> <li>[ ] No</li> <li>[ ] If "yes," complete the following:</li> </ul> </li> </ul>			
Name of officer, director, partner or owner of Commercial Fund-raiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization	
(b) For each affiliation identified in 7 (a), attach of	copy of the contract between the commercial fundraise	er and the charity.	
Under I declare that I have examine the land complete.	ned this report, including accompanying documents,	schedules and statements, and to the best of my  Vi) t	
Signature of authorized officer (Commercial Fund-rais Date	er) Printed Name	Title	
This officers or directors	of the charitable organization for verifying the distribution of the charitable organization of the charitable of the charitable organization or the charitable organization of the charitable organization of the charitable organization or the charitable or the charitable organization or the charitable organization or the charitable organization or the charitable organization or the charitable or the charitabl	ution.  Prosident.	
Signature of authorized omcervuice	Printed Name  ORDAN  Printed Name	Title  TReasures  Title	
Signature of authorized/afficer/director (Charity) Date	Printed Name	Title	
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CT-2cf (3/2003)

2 of 2

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